

extent eligibility in CHCBP was affected by enrollment in TRICARE Reserve Select), enrollment in TRICARE Reserve Select will be deemed to also constitute preliminary enrollment in CHCBP. If for any reason the member's coverage under TRICARE Reserve Select terminates before the date that is 18 months after discharge or release from the most recent period of active duty upon which CHCBP eligibility was based, the member or the member's family members eligible to be included in CHCBP coverage may, within 30 days of the effective date of the termination of TRICARE Reserve Select coverage, begin CHCBP coverage by following the applicable procedures to purchase CHCBP coverage. The period of coverage will be as provided in § 199.20(d)(6) of this Part.

(f) *Preemption of State laws.* (1) Pursuant to 10 U.S.C. 1103, the Department of Defense has determined that in the administration of chapter 55 of title 10, U.S. Code, preemption of State and local laws relating to health insurance, prepaid health plans, or other health care delivery or financing methods is necessary to achieve important Federal interests, including but not limited to the assurance of uniform national health programs for military families and the operation of such programs, at the lowest possible cost to the Department of Defense, that have a direct and substantial effect on the conduct of military affairs and national security policy of the United States. This determination is applicable to contracts that implement this section.

(2) Based on the determination set forth in paragraph (f)(1) of this section, any State or local law or regulation pertaining to health insurance, prepaid health plans, or other health care delivery, administration, and financing methods is preempted and does not apply in connection with TRICARE Reserve Select. Any such law, or regulation pursuant to such law, is without any force or effect, and State or local governments have no legal authority to enforce them in relation to TRICARE Reserve Select. (However, the Department of Defense may, by contract, establish legal obligations on the part of DoD contractors to conform

with requirements similar to or identical to requirements of State or local laws or regulations with respect to TRICARE Reserve Select).

(3) The preemption of State and local laws set forth in paragraph (f)(2) of this section includes State and local laws imposing premium taxes on health insurance carriers or underwriters or other plan managers, or similar taxes on such entities. Such laws are laws relating to health insurance, prepaid health plans, or other health care delivery or financing methods, within the meaning of 10 U.S.C. 1103. Preemption, however, does not apply to taxes, fees, or other payments on net income or profit realized by such entities in the conduct of business relating to DoD health services contracts, if those taxes, fees or other payments are applicable to a broad range of business activity. For the purposes of assessing the effect of Federal preemption of State and local taxes and fees in connection with DoD health services contracts, interpretations shall be consistent with those applicable to the Federal Employees Health Benefits Program under 5 U.S.C. 8909(f).

(g) *Administration.* The ASD(HA) may establish other rules and procedures for the effective administration of TRICARE Reserve Select, and may authorize exceptions to requirements of this section, if permitted by law, based on extraordinary circumstances.

[72 FR 46383, August 20, 2007]

APPENDIX A TO PART 199—ACRONYMS

AFR—Air Force Regulation
 AR—Army Regulation
 ASD (HA)—Assistant Secretary of Defense (Health Affairs)
 CCLR—Claims Collection Litigation Report
 CEOB—CHAMPUS Explanation of Benefits
 CFR—Code of Federal Regulations
 CHAMPUS—Civilian Health and Medical Program of the Uniformed Services
 CRD—Chronic Renal Disease
 CT—Computerized Tomography
 DASD (A)—Deputy Assistant Secretary of Defense (Administration)
 D.D.S.—Doctor of Dental Surgery
 DEERS—Defense Enrollment Eligibility Reporting System
 DHHS—Department of Health and Human Services
 D.M.D.—Doctor of Dental Medicine
 DME—Durable Medical Equipment
 D.O.—Doctor of Osteopathy

DoD—Department of Defense
 DSM-III—Diagnostic and Statistical Manual of Mental Disorders (Third Edition)
 ECHO—Extended Care Health Option
 EEG—Electroencephalogram
 EST—Electroshock Therapy
 FAR—Federal Acquisition Regulation
 FEHBP—Federal Employees Health Benefits Program
 FMCRA—Federal Medical Care Recovery Act
 FR—Federal Register
 HBA—Health Benefits Advisor
 HL—Hearing Threshold Level
 Hz—Hertz
 ICD-9-CM—International Classification of Diseases, 9th Revision, Clinical Modification
 ICU—Intensive Care Unit
 IQ—Intelligence Quotient
 JCAH—Joint Commission on Accreditation of Hospitals
 L.P.N.—Licensed Practical Nurse
 L.V.N.—Licensed Vocational Nurse
 MBD—Minimal Brain Dysfunction
 MCO—Marine Corps Order
 M.D.—Doctor of Medicine
 MIA—Missing in Action
 NATO—North Atlantic Treaty Organization
 NAVMILPERSCOMINST—Navy Military Personnel Command Instruction
 NAVPERS—Navy Personnel
 NOAA—National Oceanic and Atmospheric Administration
 OCHAMPUS—Office of Civilian Health and Medical Program of the Uniformed Services
 OCHAMPUSEUR—Office of Civilian Health and Medical Program of the Uniformed Services for Europe
 OCHAMPUSPAC—Office of Civilian Health and Medical Program of the Uniformed Services for the Pacific Area
 OCHAMPUSSO—Office of Civilian Health and Medical Program of the Uniformed Services for the Southern Hemisphere
 OMB—Office of Management and Budget
 PKU—Phenylketonuria
 R.N.—Registered Nurse
 RTC—Residential Treatment Center
 SNF—Skilled Nursing Facility
 STF—Specialized Treatment Facility
 U.S.C.—United States Code
 USPHS—U.S. Public Health Service

[51 FR 24008, July 1, 1986, as amended at 62 FR 35097, June 30, 1997; 63 FR 48448, Sept. 10, 1998; 69 FR 44952, July 28, 2004; 69 FR 51569, Aug. 20, 2004]

PART 202—RESTORATION ADVISORY BOARDS

Subpart A—General Requirements

Sec.

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202.12 Administrative support and eligible expenses.
 202.13 Technical assistance for public participation.
 202.14 Documenting and reporting activities and expenses.

AUTHORITY: 5 U.S.C. 551 *et seq* and 10 U.S.C. 2705

SOURCE: 71 FR 27618, May 12, 2006, unless otherwise noted.

Subpart A—General Requirements

§ 202.1 Purpose, scope, definitions, and applicability.

(a) *Purpose.* The purpose of this part to establish regulations regarding the scope, characteristics, composition, funding, establishment, operation, adjournment, and dissolution of Restoration Advisory Boards (RABs).

(b) *Purpose and scope of responsibilities of RABs.* The purpose of a RAB is to provide:

(1) An opportunity for stakeholder involvement in the environmental restoration process at Department of Defense (DoD) installations. Stakeholders are those parties that may be affected by environmental restoration activities at the installation.

(2) A forum for the early discussion and continued exchange of environmental restoration program information between DoD installations, regulatory agencies, tribes, and the community.

(3) An opportunity for RAB members to review progress, participate in a dialogue with, and provide comments and advice to the installation's decision makers concerning environmental restoration matters. Installations shall